



PACIFIC WORKERS'
THE LAWYERS FOR INJURED WORKERS
Workers' Compensation - Personal Injury

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June 10, 2021

Dr. Adam Stoller
1900 O'farrell Street, Suite 190
San Mateo, CA 94403

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Dr. Stoller:

My office represents the Applicant, *Jonathan Shockley*, with respect to his above-referenced workers' compensation matter. We wish to thank you for your continued participation as the QME.

We have received your 03/11/2021 report and are writing to request clarification of impairment and for confirmation of the TTD periods in this matter.

Request for Consideration of Adding as Opposed to Combining Impairments for CT through 12/05/2018

We note that you found injury to the bilateral forearms for Mr. Shockley's CT injury through February 2019. As you have found injury to the bilateral forearms, which are equal and opposite body parts, would there be a synergistic effect making it be more accurate to add these impairments as opposed to combining them?

Please explain why or why not in terms of reasonable medical probability.

Request for Confirmation of TTD Periods, Particularly the Period Between Dr. O'Lang's 05/29/2019 Discharge Report and Commencement of TTD on 10/21/2019 with Dr. Jamasbi's Reporting

For background, Mr. Shockley was seen by Dr. O'Lang on 05/29/2019 and was discharged from care. He was seen on a one-time consult basis by Dr. Jamasbi on 10/21/2019 until a determination was made by a QME and he was released to repetitive duties using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds.

You then evaluated Mr. Shockley on 01/23/2021, did not find him to be at MMI/P&S, and provided work restrictions of no lifting greater than 5 pounds. After your exam, Dr. Jamasbi took over as the primary treating physician.

1. Between 05/29/2019 and 10/20/2019, was Mr. Shockley limited to the same restrictions outlined in either Dr. Jamasbi's 10/21/2019 report or those restrictions in your 01/23/2021 report? Please explain why or why not in terms of reasonable medical probability.

Thank you again for your continued participation as the QME in this matter. The parties look forward to your supplemental report.

Very truly yours,
PACIFIC WORKERS'



Zachary Kweiler, Esq.

Enclosure: 10/21/2019 Report of Dr. Jamasbi

DECLARATION

I, Zachary Kweiler, hereby declare I am informed and believe and thereby attest that I have complied with Labor Code section 4062.3. Either the above letter and information described therein were served on the opposing party at least 20 days before being furnished to the evaluator, or, in the alternative, the above letter and information described therein were served on the opposing party and they have waived the 20-day requirement.

I further declare based upon information and belief that no ex parte communication has taken place between applicant counsel and the evaluator.

I further declare and that the total page count of the documents provided, including Applicant's cover letter, is 13.

Dated: 06/10/2021

Respectfully submitted,
PACIFIC WORKERS'



Zachary Kweiler, Esq
Attorney for Applicant

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

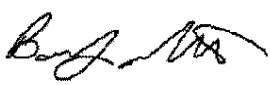
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	12 sessions of Acupuncture for the Bilateral Shoulders, Bilateral Elbows, Bilateral Hands and Bilateral Wrists	97813, 97814, 97026, 97124	
		6 sessions of Massage Therapy for the Bilateral Shoulders, Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 10/29/2019 at 01:03 PM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

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Other Offices:

CASTRO VALLEY

SAN FRANCISCO

WALNUT CREEK

ROHNERT PARK

MANTECA

INITIAL EVALUATION

RE: Shockley, Jonathan

DOB: 09/27/1978

DOI: 02/15/19

EMPLOYER: Biotelemetry, Inc.

INSURANCE: Chubb

CL#: 040519008736

DATE OF SERVICE: 10/21/19

INTRODUCTION

I have evaluated Mr. Shockley in my Emeryville office on 10/21/19 in consultation. After reviewing his records I have accepted him as a patient. The patient has also selected me to be his primary treating physician.

HISTORY OF PRESENT ILLNESS

The patient is a 41-year-old right-handed man who was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left. His left developed pain problems. He initially had pain around the wrist area. The pain has gradually traveled up the arm towards the neck. He also has occasional hand pain.

CURRENT COMPLAINTS

The pain is constant at low level, exacerbated by hand activity. The pain wakes him up at night. When he does not do anything, his hand does not hurt. The pain increases with activity, especially computer work, cellphone use, and writing. Inactivity, Advil, deep massage makes the pain better.

He denies any numbness and tingling.

ACTIVITIES OF DAILY LIVING

He is uncomfortable looking after himself performing self-care activities and is slow and careful in doing so. He can lift and carry heavy objects, but gets extra discomfort in doing so. He is able to walk the same distance as before his injury. He can do heavy activity for at least 2 minutes. He can climb 1 flight of stairs without difficulty. He can sit for 30 minutes to 1 hour without difficulty. He can sit for 2 hours without difficulty. He can stand or walk for 2 hours without difficulty. He has some difficulty reaching and grasping things at eye level. He

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DATE OF SERVICE: 10/21/19

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has some difficulty reaching and grasping things overhead. He has some difficulty with pushing or pulling activities. He has a lot of difficulty gripping, grasping, holding and manipulating objects using his hands. He has a lot of difficulty with repetitive motions such as typing on a computer. He has a lot of difficulty with forceful activities using his hands. He can kneel, bend or squat without difficulty. His sleep is moderately disturbed 2 to 3 hours nightly since his injury. His sexual activity is a little less frequent because of his injury. At this moment, his pain is moderate. His pain is moderate most of the time. His pain interferes with his ability to travel and engage in social activities some of the time. His pain interferes with his ability to engage in recreational activities most of the time. His pain interferes with his ability to concentrate and think some of the time. He has moderate depression or anxiety from his injury and discomfort most of the time.

REVIEW OF SYMPTOMS

Patient states they are currently experiencing:

Patient states they are **not** currently experiencing:

Pain in neck
Anxiety

Chills
Fever
Night sweats
Severe fatigue
Dizziness
Headaches
Wears Contacts
Wears glasses
Blurry vision
Double vision
Lumps in neck
Difficulty breathing
Cough
Coughing up blood
Wheezing
Difficulty breathing lying flat
Fainting
Abnormal heartbeat
Chest pain
Constipation
Heartburn
Nausea

Abdominal pain
Black tarry stools
Throwing up blood
Urinary incontinence
Blood in urine
Difficulty urinating
Painful urination
Itching of skin
Rash
Yellowing of skin
Balance problems
Poor concentration
Memory loss
Numbness
Seizures
Tremors
Weakness
Excessive bleeding
Blood clots
Depression
Hallucinations
Suicidal thoughts

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.

INITIAL EVALUATION

RE: Shockley, Jonathan

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4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

PSYCHOLOGICAL TESTING

The patient was administered psychological testing (PHQ-SADS). This test is a screening test for anxiety, depression and the impact of somatic symptoms. The purpose of the test is to screen patients for psychological aspect of chronic pain to help the clinician incorporate additional

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adjunctive treatment. Provision of adjunctive psychotherapy can have a significant impact on efficacy of medical treatment.

SOMATIC (PHQ-15)

The patient has a somatic (PHQ-15) score of 5, which indicates he is mildly bothered by somatic issues.

ANXIETY (GAD-7)

The patient's anxiety (GAD-7) score is 5, which indicates he is experiencing mild anxiety.

PANIC ATTACKS

He does not experience panic attacks.

DEPRESSION (PHQ-9)

The patient's depression (PHQ-9) score is 1, which indicates he is experiencing minimal depression.

FUNCTIONAL DIFFICULTIES

The patient's functional difficulties are 4, which indicate his functions are extremely difficult.

The purpose of the psychological testing is to determine if there are any psychological factors that will affect the patient's progress with medical treatment. The testing is also used to determine whether the patient needs a formal psychological evaluation or any psychological treatment as an adjunct to the medical treatment.

Based on my clinical assessment of the patient and the psychological testing, I believe that this patient would be a candidate for an initial evaluation at a CARF-certified functional restoration program once the patient has exhausted medical and surgical treatment.

OPIOID RISK TOOL

Family History of Substance Abuse	√	<i>Score for Female</i>	<i>Score for Male</i>
Alcohol		1	3
Illegal Drugs		2	3
Prescription Drugs		4	4

Personal History of Substance Abuse	√	<i>Score for Female</i>	<i>Score for Male</i>
Alcohol		3	3
Illegal Drugs		4	4
Prescription Drugs		5	5

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Age (Mark if 16-45)	√	Score for Female	Score for Male
	√	1	1

History of Preadolescent Sexual Abuse	√	Score for Female	Score for Male
		3	0

Psychological Disease	√	Score for Female	Score for Male
Attention Deficit Disorder		2	2
Obsessive Compulsive Disorder		2	2
Bipolar Schizophrenia		2	2
Depression		1	1

Total	Low Risk 0-3	Moderate Risk 4-7	High Risk >=8
1	1		

OCCUPATIONAL HISTORY

The patient was working for Biotelemetry, Inc. at the time of the injury.

He is not currently working.

The patient last worked on 02/15/19.

He had worked at Biotelemetry, Inc. for 8 months prior to injury.

He had worked for the following companies prior to this injury:

1. SF Ballet
2. Tulsa Ballet
3. Boston Ballet
4. Biotelemetry, Inc./Lifewatch

His job duties at the time of injury were processing and editing EKGs from cardiac devices, answering calls regarding same

He does have prior work injuries:

1. 1997 left ankle sprain, different employer, resolved
2. 1998, all toes, different employer, resolved
3. 2000, right big toe bone spur, different employer, resolved
4. 2001 right chronic Achilles tendinitis, different employer, settled

He does not have prior motor vehicle accidents.

He does not have prior non-motor vehicle accidents.

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MILITARY SERVICE

The patient has not served in the military.

MEDICATIONS

1. Aspirin
2. Advil

ALLERGIES

No known drug allergies

PHYSICAL EXAMINATION

The patient is a well-developed, well-nourished man who did not appear to be in any acute distress.

Height: 6' 0"

Weight: 165 LBS.

Spine: There was discomfort with lateral tilt of the cervical spine. Loading of the cervical facets were not tender.

Range of motion of the cervical spine:

Range of Motion of the Cervical spine	Normal/Reduced by %
Flexion	NL
Extension	NL
Lateral tilt to the Right	15%
Lateral tilt to the Left	25%
Rotation to the Right	NL
Rotation to the Left	NL

Musculoskeletal: There were no impingement signs in the shoulders. There was no lateral or medial epicondylar pain. Finkelstein's were negative bilaterally. Palpation of the volar aspect of the wrists were tender bilaterally.

Range of motion of the shoulder:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Abduction	NL	NL
Adduction	NL	NL
External rotation	NL	NL
Internal rotation	NL	NL

INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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Range of motion of the elbow:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL

Range of motion of the wrist:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Ulnar Deviation	NL	NL
Radial Deviation	NL	NL

Neurologic: The patient is alert and oriented x3. He walks with a normal gait.

Reflexes:

	Right	Left
Biceps	2/4	2/4
Triceps	2/4	2/4
Brachioradialis	2/4	2+

Sensory examination of the upper extremities:

Upper Extremity Sensory Examination	Right	Left
C4	NL	NL
C5	NL	NL
C6	NL	NL
C7	NL	NL
C8	NL	NL
T1	NL	NL
T2	NL	NL

☐ D- Diminished to a pinprick☐ NL- Normal

Motor examination of the shoulders:

Motor examination of the shoulders	Right	Left
Flexion	NL	NL
Abduction	NL	NL
Adduction	NL	NL
Internal Rotation	NL	NL
External Rotation	NL	NL
Extension	NL	NL

INITIAL EVALUATION

RE: Shockley, Jonathan

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Motor examination of the elbows:

Motor examination of the elbows	Right	Left
Flexion	NL	NL
Extension	NL	NL

Grip: Grip strength was normal and symmetrical.

SPECIAL TESTING

I have conducted a urine tox screen, which was negative for any illicit drugs or any prescribed scheduled drugs. I am not planning to prescribe him any controlled substances and further confirmation of this test is not indicated.

DIAGNOSIS

1. Cumulative trauma injury to both upper extremities.

DISCUSSION

This gentleman has had cumulative trauma injury to both upper extremities. The pain initially started in the right wrist. The pain gradually started traveling up the arm up to the level of the shoulder. The left hand became painful around the same area/wrist. This was as a compensation for the right. The pain on the left also radiates up to the shoulder.

Upon examination, he had normal range of motion in all the joints of his upper extremities. There was no evidence of a neurological deficit. I believe this gentleman does have cumulative trauma injury, which is brought on by activity. He has not worked now for a while and his symptoms are better during the examination.

I recommend 12 sessions of acupuncture and 12 sessions of soft tissue mobilization/massage therapy.

If he does not respond to conservative measures, an evaluation at a CARF-certified functional restoration program would be indicated.

I will see him back in 4 weeks in follow up.

Work Restrictions:

Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

WORK STATUS

The patient is not permanent and stationary.

INITIAL EVALUATION

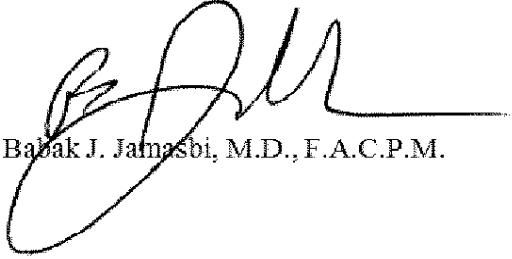
RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to be the best of my knowledge and beliefs, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

"I further declare that I have not violated labor code section 139.3 and have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation."

A handwritten signature in black ink, appearing to read 'B. Jafarabadi', with a long horizontal stroke extending to the right.

Babak J. Jafarabadi, M.D., F.A.C.P.M.

CC:

Mario Castro, Claims Adjuster

Fax #: 800-664-1765

Zachary Kweiler, Attorney-At-Law

Fax #: 866-819-6169

Re: *Jonathan Shockley v. Cardionet LLC*
ADJ: ADJ12031731

PROOF OF SERVICE

I, the undersigned, am over 18 years of age and not a party to the within-entitled action. I am employed at and my business address is Pacific Workers, 1855 Gateway Blvd, Suite 180, Concord, CA 94520. On June 10, 2021 I served the following:

COVER LETTER TO MED-LEGAL,

BY MAIL: I am readily familiar with the firm's practice for collecting and processing mail with the U.S. Postal Service. Under that practice, mail would be deposited with the U.S. Postal Service that same day with postage thereon fully prepaid at Oakland, California in the ordinary course of business, addressed as follows, unless otherwise noted:

BY FACSIMILE: I served a true and correct copy of the document(s) listed above via Facsimile to the following facsimile number(s). Said transmission was reported complete without errors.

Amy Olson
Colantoni Collins San Francisco
555 Corporate Drive, Suite 205
Ladera Ranch, CA 92694
Fax: 415-278-9744

Dr. Adam Stoller
1900 O'farrell Street, Suite 190
San Mateo, CA 94403
Fax: 650-306-0250

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on June 10, 2021.



Samantha Malano